## **Daytime Shift Duties as of November 2025**

#### **PHM Census Rules**

### Weekdays

- ➤ Yellow team is assigned 14 patients in the morning. If the total APH census (Blue + Yellow) is <28 then attending staff may consider assigning fewer patients to the Yellow team.
- ➤ If Blue census is >38 (i.e., Blue Long/Short each 14 + Float/APRN 10), then Float, Blue Short and Blue Long divide up additional patients (in that order).
- ➤ WPH: at 11pm if census is <8 or >18 then work with PHS to correct census to 8-18.

## Weekends and designated holidays

- > Yellow team is typically assigned 12.
- ➤ If Blue census is >34 (i.e., Blue Long/Short 12 each + Float/APRN 10) then assign up to 2 additional patients to APH 1 to see independently, then sign out to Yellow team residents after rounds.
- ➤ If total APH census (Yellow + Blue) >48 (34 Blue + 14 Yellow), then Float, Blue Short and Blue Long divide up additional patients (in that order).
- ➤ If total APH census (Yellow + Blue) is <30, do not move patients from Blue to Yellow just to achieve morning Yellow census of 12 leave it alone. If they are already at 12 leave it alone.
- > WPH: at 11pm if census is <8 or >18 then work with PHS to correct census to 8-18.
- ➤ WPH weekends: #11-14 are assigned to WPH attending; #15-18 are assigned to Float. If APH Blue census is >34 then WPH attending is assigned newborns #11-18.

#### **Distribution of New PHM Patients**

### > 7a-12p

• Blue/Yellow ratio is 2:1.

- Up to 6 new arrivals are assigned to Blue Unrestricted/Blue Restricted/Float in that order. Patients seen by float during this time will be assigned to Yellow; Float hands these patients off to the Yellow team after noon.
- If there are more than 6 new arrivals between 7a-noon, Float manages the additional patients (without APRN).
- APH 1/Yellow Team residents are not assigned new patient 7a-noon.

# **>** 12p-4p (12p-5p on Friday):

- On weekdays, first 2 afternoon arrivals are assigned to Yellow Team; subsequently the Blue/Yellow ratio is 2:1.
- On weekends, Blue-Yellow ratio is 2:1 throughout the day.

# **>** 4p-6p (5p-7p on Friday):

- Yellow Team is protected.
- During this window of time all new arrivals are seen by attendings and assigned to Blue, as described in shift duties below.

# ➤ 6p-MN (7p-MN on Friday):

- Blue/Yellow ratio is 1:1.
- See shift duties below for details of patient distribution from 11:30-11:59p.

#### **>** MN-4a:

- All new arrivals assigned to Yellow Team.
- If Yellow team has reached cap (see note below), then subsequent new arrivals are managed by the Night attending(s).

## **>** 4a-7a:

- Yellow Team is protected.
- All new arrivals are managed by Night 2 as described in shift duties below.
- Ensure Yellow Team census is appropriate.
- ➤ **NOTE:** Overnight, if each intern has seen 6 new Yellow patients (12 patients total; If MS4 Sub-Intern present then +4 for total 16), then subsequent admits/transfers are managed by the Night attending(s). Transfers/accept notes from PICU/PSCU/Nursery are not counted in these numbers only H&Ps are counted.
- > **NOTE:** A patient is considered admitted/arrived when:
  - ED patient: admit order is in.
  - Outside transfer: they arrive at APH.

• PICU/PSCU/WPH transfer: they have an assigned bed.

#### **PHM Shift Duties**

#### Float

- > 7a-7p in-house, every day.
- ➤ Staff all APRN patients from 7a-5p.
- ➤ Deal with high census as described in census rules above for APH and WPH.
- ➤ Triage all admit/transfer messages 7a-5p. Return all Transfer Center and direct admit calls.
- > Assign new arrivals 7a-5p. Start with Blue at 7a.
- Take new AM arrivals in rotation with Blue Unrestricted/Restricted. New arrivals seen by Float in the AM are handed off to Yellow after noon. These patients are seen without the APRN.
- ➤ If more than 6 newly arrived patients between 7a-12p, manage patients 7+.
- ➤ Attend MDR at 11a.
- ➤ Be available via Epic Secure Chat until 7p for all patients you saw that day.
- ➤ Rotate Blue Team patient assignments 12p-5p as follows: APRN/Float, Blue Restricted, repeat.
- Last new patient assignment at 5p. From 5-7p hand off patients and wrap up work.

#### **Blue Restricted**

- ➤ Mon/Wed/Fri/Sun = APH2; Tu/Th/Sat = APH3.
- > 7a-7p in-house.
- ➤ Divide list in AM with APRN/Float and Blue Short.
- > Deal with high census as described in census rules above for APH.
- > Be available for bedside emergencies on APRN/Float patients from 7a-10a.

- ➤ See new arrived Blue Team patients #2 & #4 between 7a-12p.
- ➤ Attend MDR at 11a.
- > Be available via Epic Secure Chat until 7p for all patients you saw that day.
- ➤ 12p-5p Manage assigned new arrivals.
- ➤ Last new patient assignment at 5p. From 5-7p hand off patients and wrap up work.

#### **Blue Unrestricted**

- ➤ Mon/Wed/Fri/Sun = APH3; Tu/Th/Sat = APH2.
- ➤ 7a-2p in-house and 2p-7p flex.
- ➤ Divide list in AM with APP/Float and Blue Short.
- ➤ Deal with high census as described in census rules above for APH.
- ➤ See newly arrived Blue Team patients #1 & #3 between 7a-12p.
- ➤ Attend MDR at 11a.
- ➤ Be available via Epic Secure Chat until 7p for all patients you saw that day.
- ➤ Afternoon: in-house til 2p; wrap up work; hand off patients.

#### **APH 1 Restricted**

- ➤ Mon/Wed/Fri/Sun, in-house 7a-7p.
- > Run the Yellow team starting at 7a, including rounds at 9a and MDR at 11:30a.
- > Staff Yellow patients that are newly assigned 12p-4p (12p-5p on Friday).
- $\triangleright$  See all newborns born 12p-4:45p.
- ➤ 4-5p (M, W, Su): Yellow team protected. See new patients who would be in the rotation for Yellow but are going to Blue during Yellow protected time.
- ➤ 5p-7p: Last newly assigned patient at 5p. From 5-7p hand off patients and wrap up work.
- ➤ Be available until 7p to answer resident questions, PerfectServe or Epic Secure Chat for all patients you saw that day and any issues regarding new Yellow patients from 6p-7p.

#### **APH 1 Unrestricted**

- ➤ Tu/Th 7a-2p in-house and 2p-7p flex; Sat 7a-noon in-house and noon-7p flex.
- > Run the Yellow team starting at 7a, including rounds at 9a and MDR at 11:30a.
- ➤ In-house til 2p (noon Sat). Be available to answer resident questions and respond to PerfectServe or Epic Secure Chat until 7p for all patients you saw that day.

#### **WPH Restricted**

- ➤ Tu/Th/Sat, in-house 7a-7p.
- ➤ Manage the WPP nursery team starting at 7a, including rounds at 9a.
- > See all newborns born up to 4:45p.
- ➤ Staff Yellow new arrivals 12p-4p.
- ➤ 4-5p (Tu, Th, Sa): Yellow team protected. See new patients who would be in the rotation for Yellow but are going to Blue during Yellow protected time.
- > 5p-7p (Tu, Th, Sa): Last admit at 5p. From 5-7p hand off patients and wrap up work.
- ➤ Be available until 7p to answer resident questions, PerfectServe or Epic Secure Chat for all patients you saw that day and any issues regarding new Yellow patients from 6p-7p.

#### WPH Unrestricted

- ➤ Mon/Wed/Fri 7a-2 in-house, 2-7p= flex; Sun 7a-noon in house, noon-7p flex.
- ➤ Manage the WPP nursery team starting at 7a, including rounds at 9a.
- ➤ See WPP newborns born up to 12p.
- ➤ In-house til 2p (noon Sun). Be available to answer resident questions and respond to PerfectServe or Epic Secure Chat until 7p for all patients you saw that day.

#### Night 1

> 5p-MN in-house, after MN flex.

- > 5p-MN: Triage all admit/transfer messages. If a Transfer patient is expected to arrive after MN, consider including residents on the Transfer call.
- ➤ 5p-11:30p: See Blue arrivals, including APRN admits after 5p.
- > 5p-6p (5p-7p on Friday): Yellow team protected. See new patients who would be in the rotation for Yellow but are going to Blue during Yellow protected time.
- ➤ 11:30p-11:59p: see first new arrival for Blue in this time period.
- > Support Night 2 as needed to manage all patients in a timely manner.

## Night 2

- ➤ Restricted 7p\*-7a every night.
- Get sign out from daytime Yellow/WPH.
- > Staff new Yellow arrivals 6p-MN (7p-MN on Fri), manage Yellow team overnight, and manage Blue team MN-7a.
- ➤ See WPP newborns born 4:45p-11p and manage WPP service overnight. Contact PHS ~11p as needed to manage census.
- ➤ 11:30p-11:59p: see 3<sup>rd</sup> new arrival in this time period, which will be assigned to Blue.
- ➤ Triage APH admissions 11:30p-7a.
- ➤ 4a: Talk with Yellow senior resident. Discuss pending transfers/arrivals and ensure census rules are met.
- > 7a: Manage arrivals during Yellow protected time (4a-7a) and if Yellow Team reaches its overnight cap.
- > Be available in-house to respond to emergencies and questions until 7a.

#### **APRN**

- ➤ Assigned 1/3 of Blue census in AM up to 10 patients. Focus on lower complexity or stable chronic patients.
- ➤ Be available via Epic Secure Chat until 7p for all patients you saw that day.
- ➤ Attend MDR @11a.

- ➤ See new Blue arrivals 12p-5p as follows: APP/Float, Blue Long Shift, repeat. May return ER admit pages independently.
- > 5p-5:30p: see new Blue arrivals as assigned with Night 1.
- ➤ Last admit at 5:30p. From 5:30p-7p hand off patients and wrap up work.

# Additional expectations for all shifts

- ➤ Complete documentation within 24 hours of patient encounter. Keep Epic Handoff and Hospital Course updated.
- ➤ Ensure timely communication with nursing staff about daily plan based on expectations of each shift/service.
- > Provide handoff to on-coming shift; focus on follow-up tasks and contingency planning.
- The Night shifts are a team; work together to manage duties in a timely manner.

### Additional expectations of teaching shifts (APH 1 and WPH)

- Ensure you are assigned as the attending for all patients on the service.
- ➤ Be prepared for team rounds at 9am, i.e. review patient data and see patients prior to rounds if/when you think necessary.
- > Attend 8a morning conference and noon conference if possible.
- Transfer Center calls are handled by the attending; PSCU/PICU transfers and APH ER admits can be handled independently by the Yellow Team residents.
- ➤ When possible, observe residents/students doing H&Ps and provide feedback.
- > Provide reading assignments to residents/students and schedule brief afternoon educational activities when possible.
- ➤ Provide individualized constructive feedback to all learners on the team and provide input for resident evaluations before the end of each residency block.